Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING. HAL066010 04/27/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 310 N MAIN STREET RICH SQUARE VILLA RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REFIX TAG TAG DEFICIENCY) (C 000) Initial Comments {C 000} Report of a Follow-Up Construction Survey by Ed Miller on April 27, 2016. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. (C 111) Must Have Current San. & Fire Safety Reports (C 111) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on observation, current reports were not available at the time of the survey. Findings on April 27, 2016 The following reports were not available at the time of the survey: a) Fire Alarm Panel Annual Test Report. 5/10/2016 See attached report (C 160) Outside Premises-Clean, Safe (C 160) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; Division of Health Service Regulation DRY DIRECTORS OR PROVIDER SUPPLIER BEPRESENTATIVE'S SIGNATURE (X8) DATE

Executive Director

9BMB22

May 19,2016

continuation sheet 1 of 4

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL068010 04/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE VILLA RICH SQUARE, NC 27869 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE TAG REGULATORY OR USC IDENTIFYING INFORMATION) TAG DEFICIENCY (C 160) Continued From page 1 {C 160} This Rule is not met as evidenced by: Based on observation, the facility components were not maintained in a safe manner. Findings on April 27, 2016 Broken window has been replaced. 5/16/2016 a) Room 24 has a broken window (C 189) Building Equipment Maintained Safe, Operating {C 189} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical. mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on April 27, 2016 g) Room 1 has a sprinkler escutcheon missing The fire sprinkler escutcheon have been 5/10/2016 Room 25 has one escutcheon in the closet corrected. missing These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION. (XII) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 HAL066010 WING 04/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE VILLA RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (C 189) Continued From page 2 (C 189) 2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. Findings on April 27, 2016 The following doors have issues: The exterior door to the Sprinkler Riser Room b) The exterior door to the Sprinkler Riser Room has been corrected. 5/10/2016 scrubs frame and will not close and latch. 3. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a Findings on April 27, 2016 a. The sample tubes for the HVAC duct mounted The sample tubes for the HVAC duct mounted 5/10/2016 smoke detectors have been cleaned. smoke detectors were dirty in the HVAC unit over the cross corridor doors near room 7. There is no FDC sign on the outside of the 5/10/2016 FDC sign was installed building Based on observation, the building plumbing equipment was not maintained operable. This could expose residents to a slip and fail hazard. Findings on April 27, 2016 A vacuum breaker has been installed 5/10/2016 The spray hose in the corridor bath/shower room has no vacuum breaker (C 199) Exhaust Ventilation (C 199) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(XX) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			A. BOILDING			₹
		HAL066010	B. WING			7/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
RICH SC	UARE VILLA		IN STREET			
(X4) ID	RICH SQUARE, NC 27869					
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(XS) COMPLETE DATE
(C 199)	before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall a facilities with the exception of the shall not apply This Rule is not me 1. Based on observice yentilation was not in this Rule. Findings on April 27,	ot apply to facilities licensed, with natural ventilation in ces; age; toilet rooms; losets; and apply to new and existing ception of Paragraph (e) y to existing facilities. It as evidenced by: ation, the building exhaust naintained in accordance with	(C 199)	Gary Hughes Electric has been contra properly vent the bathroom fan. Estimated completion: 5/20/2016	cted to	

Fire Alarm Inspection Report

Date	09/29/2015
Time	10:15
Name	Peace of Mind
Address	Po box 10142
City	Raleigh
State	NCNC
Zip	27605
Representative	Calvin Dae
License No.	19263 splv
Telephone	919-830-6546
PROPERTY NAME (USER)	
Name	Rich Square Asstd Living
Address	310 N Main St
City	rich Square
State	NC
Zip	27869
Owner Contact	Pam
Telephone	252-538-4161
MONITORING ENTITY	
Contact	Chris Register
Telephone	919-830-6546
Monitoring Account Ref. No.	B3496
APPROVING AGENCY	
Contact	Chris Register
Telephone	919-830-6546
TYPE TRANSMISSION	
Type Transmission	McCulloh
Other (Specify)	ereleti
Control Unit Manufacturer	Firelite
Circuit Styles	Y class b
Number of Circuits	1
Software Rev.	
Last Date System Had Any Service Performed	10/02/2015
Last Date that Any Software or Configuration	10/02/2015
Was Revised	

Date: 10/02/2015

Fire Alarm Inspection Report

RVICE	
Service	Annually
Other (Specify)	
Model No.	Ms9200
ARM-INITIATING DEVICES AND CIRCUIT IN	NFORMATION
Description	Manual Fire Alarm Boxes
ALARM-INITIATING DEVICES AND CIRCUIT	INFORMATION (DETAIL)
If Other (Specify)	
Quantity	4
Circuit Style	Class b
Description	Photo Detectors
ALARM-INITIATING DEVICES AND CIRCUIT	INFORMATION (DETAIL)
If Other (Specify)	
Quantity	
Circuit Style	Class b
Description	Duct Detectors
ALARM-INITIATING DEVICES AND CIRCUIT	INFORMATION (DETAIL)
If Other (Specify)	
Quantity	
Circuit Style	Class b
Description	Heat Detectors
ALARM-INITIATING DEVICES AND CIRCUIT	INFORMATION (DETAIL)
If Other (Specify)	
Quantity	1
Circuit Style	Class b
Description	Waterflow Switches
ALARM-INITIATING DEVICES AND CIRCUIT	
If Other (Specify)	
Quantity	1
Circuit Style	Class.
Description	Supervisory Switches
The STATE OF THE S	Charles and Control of the Control o

Date: 10/02/2015

Raleigh, NC 2760	•	
Fire Alarm Inspection Report		Date: 10/02/201
If Other (Specify)		
Quantity	1	
Circuit Style	Class b	
Description	Other	
ALARM-INITIATING DEVICES AND CIRCUIT INFORMA	TION (DETAIL)	
If Other (Specify)	Door holders	
Quantity	_2	
Circuit Style	Class b	
ALARM VERIFICATION		
Alarm Verification feature is	Enabled	
ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO		
Description	Strobes	
ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO	(DETAIL)	
If Other (Specify)		
Quantity	_4	
Circuit Style	Class b	
Description	Horns	
ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO	(DETAIL)	
If Other (Specify)	Horn strobes	
Quantity	12	
Circuit Style		
ALARM NOTIFICATION		
No. of alarm notification appliance circuits	2	
Are circuits monitored for integrity?	Yes	
SIGNALING LINE CIRCUITS		
Quantity and style of signaling line circuits connect 6.6.1)	ted to system (se	e NFPA 72, Table
Quantity		
Style(s)		
SYSTEM POWER SUPPLIES		

Raleigh, NC 276	05	
Fire Alarm Inspection Report		Date: 10/02/2019
(a) Primary (Main)		
Nominal Voltage	120	
Amps	20	
Overcurrent Protection Type	Breaker	
Overcurrent Protection Amps	20	
Location (of Primary Supply Panelboard)	Breaker panel	
Disconnecting Means Location	Breaker	
(b) Secondary (Standby)	2) 12 volt	
Storage Battery: Amp-Hr. Rating	8 ahr	
Calculated capacity to operate system in hours (24)		
Calculated capacity to operate system in hours (60)		
Engine-driven generator dedicated to fire		
alarm system		
Location of fuel storage		
TYPE BATTERY		
Battery Type	Sealed Lead-Acid	
Other (Specify)		
(c) Emergency or standby system used as a		
backup to primary power supply, instead of		
using a secondary power supply	and the second	
Emergency system described in NFPA 70,		
Article 700		
Legally required standby described in NFPA 70,		
Article 701 Optional standby system described in NFPA 70,		
Article 702, which also meets the performance		
requirements of Article 700 or 701		
PRIOR TO ANY TESTING		
Notifications Are Made	Monitoring Entity	
PRIOR TO ANY TESTING (DETAIL)	,	
Other (Specify) Yes/No	Yes	
Who	Sec. Cen	
Time	13:15	
Notifications Are Made	Building Occupan	ts

PRIOR TO ANY TESTING (DETAIL)

ire Alarm Inspection Report	Date: 10/02/201
Other (Specify) Yes/No	Yes
Who Time	13:15
Notifications Are Made PRIOR TO ANY TESTING (DETAIL)	Building Management
Other (Specify) Yes/No	Yes
Who Time	13:15
SYSTEM TESTS AND INSPECTIONS	
Type SYSTEM TESTS AND INSPECTIONS (DETAIL)	Control Unit
Visual Functional Comments	¥
Type SYSTEM TESTS AND INSPECTIONS (DETAIL)	Interface Equipment
Visual Functional Comments	
Type SYSTEM TESTS AND INSPECTIONS (DETAIL)	Lamps/LEDS
Visual Functional Comments	∀
Type SYSTEM TESTS AND INSPECTIONS (DETAIL)	Fuses
Visual Functional Comments	¥
Type SYSTEM TESTS AND INSPECTIONS (DETAIL)	Primary Power Supply

Date: 10/02/2015

Date: 10/02/2015 Fire Alarm Inspection Report Visual Check Functional Test Factory Setting Measured Setting Pass Pass/Fail Comments Tamper Device Type INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL) Riser Loc. & S/N ✓ Visual Check Functional Test Factory Setting Measured Setting Pass Pass/Fail Comments EMERGENCY COMMUNICATIONS EQUIPMENT Phone Jacks Type EMERGENCY COMMUNICATIONS EQUIPMENT (DETAIL) Visual Functional Comments SUPERVISING STATION MONITORING Alarm Signal SUPERVISING STATION MONITORING (DETAIL) Yes Yes/No 13:15 Time Comments Alarm Restoration SUPERVISING STATION MONITORING (DETAIL) Yes Yes/No 13:15 Time Comments Trouble Signal SUPERVISING STATION MONITORING (DETAIL)

Kaleigii, NC	27003
Fire Alarm Inspection Report	Date: 10/02/201
The following did not operate correctly	
System restored to normal operation	
Date	09/29/2015
Time	02:15
INSPECTOR INFORMATION	
This testing was performed in accordance wit	th applicable NFPA Standards.
Name of Inspector	
Date	
Time	02:15
INSPECTOR SIGNATURE	
Inspector Signature	
	Calm Day
OWNER OR REPRESENTATIVE INFORMATION	
Name of Owner or Representative	
Date	09/29/2015
Time	02:15
OWNER OR REPRESENTATIVE SIGNATURE	
Owner or Representative Signature	

TRANSMISSION VERIFICATION REPORT

TIME : 05/24/2016 02:40PM NAME : RICH SQUARE FAX : 2525392479 TEL : 2525394145 SER.#: V0M8R0256500LN

DATE, TIME FAX NO. /NAME DURATION PAGE(S) RESULT MODE

05/24 02:37PM 19197336592 00:02:49 17 OK STANDARD ECM